## Home and Community-Based Services Waiver Renewal Missouri 40185.90.R1

## WAIVER REQUEST – EXECUTIVE SUMMARY

State: Missouri			Waiver No. 40185.90.R1		
1.	Type of Request Initial Renewal_X Amend	dment N	/lodification	Extension	l
2.	Target Population Aged/Disabled	MR/DD X	_ AIDS _	(	Other
3.	Waiver Services Personal Care Services Respite Care Habilitation (Developmental Day I Environmental Accessibility Adap Specialized Medical Equipment a Behavior Therapy Crisis Intervention Community Specialist	tations			
4.	Effective Dates Initial Waiver 10-01-1995 This Request 10-01-2003				
5.	Recommendation - Approval x	_ Disap	oroval		
ser Mis The	tionale: The Missouri Children wit vices to prevent institutionalizati ssouri who meet an institutional le e HCBS team reviewed the renewa	ion of childre evel of care bu al package an	en with develop It choose to rem d recommends	omental disa nain in the c approval.	abilities in ommunity.
	e Medicaid HCBS waiver team has iver meets the requirements of the			and has four	nd that the
<u>Wa</u>	<u>iiver Team Member</u>	<u>Signat</u>	ure_	<u>Date</u>	
Ka Ba	ckie Glaze, Team Leader thy Lord, Services rbara Cotterman, Eligibility ana Townsend, Financial				